Checklist For t	he Home Environment
Family Name	
ID#	

Question	Date:
	Asthma Coordinator:
Check members of household:	□ Adults
	□ Children
Type of housing:	□ Single family home
	Duplex or townhouse
	□ Apartment/multiple complex
	□ Other (please specify)
Floor family lives on:	□ Ground floor
	□ Second floor
	□ Third floor
Heating source for the home:	□ Radiator
-	□ Forced air furnace
	□ Wood stove
	□ Fireplace
	□ Space heater
	□ Other (please specify)
	□ Couldn't determine
Other heating sources used:	□ Stove
	□ Portable heater
	□ Wood stove
	□ Other (please specify)
Neighborhood traffic:	☐ High traffic area (near main streets and freeways
	☐ Low traffic area (quiet residential area or side
	street
Age of building:	□ Less than 20 years
	□ 20-50 years
	□ 50+ years
	□ Couldn't determine
Number of rooms in the home: (Do not include	
bathrooms, hallways, foyers, or porches)	
Presence of garage or car port:	□ Garage
	□ Car port
	□ None
	□ Couldn't determine
Access	□ Yes
Phone in the house:	□ No
	□ Couldn't determine
Access to a phone:	□ Yes
<u>^</u>	□ No
	□ Couldn't determine
Family car:	□ Yes
-	□ No
	□ Couldn't determine
Access to public transportation:	□ Yes
-	□ No
	□ Couldn't determine

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List of emergency phone numbers in the house:	□ Yes
	□ No
	□ Couldn't determine
Cigarette/cigar/pipe Smoking:	□ Yes
	□ No
	□ Couldn't determine
Burning candles/incense	□ Yes
	□ No
	□ Couldn't determine
Animals	☐ Yes, what kind?
Family pets:	□ No
	□ Couldn't determine
Pets in child's bedroom/living space?	☐ Yes, what kind?
	□ No
	□ Couldn't determine
Home	□ Leaks
General state of repair:	□ Broken windows
	□ Broken plaster
	□ Peeling paint
Do you see any:	□ Rodent droppings
	☐ Mouse or rat traps
	□ Roach motels/traps
	□ Ashtray or cigarette butts
	□ Plants
Smell of tobacco smoke:	□ Yes
2 11 2 11	□ No
Smell of mold or must:	□ Yes
**	□ No
Vacuum cleaner present:	□ Yes
	□ No
	□ Couldn't determine
Type of vacuum cleaner filtration system:	□ Water
	□ HEPA filter
	Other (specify)
	□ Not applicable
Linius Danus	□ Couldn't determine
Living Room	□ Wall to wall carpeting
Identify type of floor covering:	☐ Hardwood floor
	☐ Tile or linoleum☐ Cement
Area rugs present:	☐ Other (please specify) ☐ Yes
Area rugs present:	□ No
Unhalatarad furnitura pragant:	
Upholstered furniture present:	□ Yes □ No
Window treatment:	□ Curtains
Window treatment.	□ Drapes
	□ Blinds
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	□ Shades
Evidence of moisture, water damage, or leaks:	□ Yes
Evidence of moisture, water damage, or leaks.	□ No
	□ Couldn't determine
	a Couldn't determine
Are any of the following present:	□ Food debris
5 21	☐ Mess on the floor
	□ Clutter on the surfaces
	□ Plants
	 Overflowing trash can
	□ Cockroaches stains
	□ Plumbing leaks
Kitchen	□ Gas
Cooking stove power source:	□ Electric
Hood or vent ventilated to the outside:	□ Yes
	□ No
	□ Couldn't determine
Are any of the following present:	Overflowing trash can
	Cockroaches stains
	□ Plumbing leaks
	□ Food debris
	Mess on the floor
	□ Clutter on the surfaces
	Plants
Child's bedroom/living space	□ Wall to wall carpeting
Identify type of floor covering:	☐ Hardwood floor
	□ Tile or linoleum
	□ Cement
	□ Other (please specify)
	□ Couldn't determine
Where child sleeps:	□ Bed
	□ Bunk bed
	□ Mattress on floor or futon
	□ Crib
	□ Sofa or sofa bed
	□ Trundle bed
	□ Cot
	□ Other
Size of bed child sleeps in:	□ Twin (single)
	□ Full (double)
	□ Queen
	□ King
	□ Cal King
Condition of mattress:	□ Good
	□ Bad
	□ Couldn't determine
Describe the mattress encasement on this bed:	□ Fabric
	□ Plastic
	□ Dust mite impermeable cover
Describe the pillow encasement on this bed:	□ Fabric

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	□ Plastic
	□ Dust mite impermeable cover
	□ None
	□ Couldn't determine
	□ No pillows present
Are the covers and the sheets washed at least twice	□ Yes
per month in hot water?	□ No
Presence of upholstered furniture:	□ Yes
1	□ No
	□ Couldn't determine
Number of stuffed toys on the bed:	□ 0-4
	□ 5-10
	□ > 10
	□ Couldn't determine
Describe window treatment:	□ Curtains
	□ Drapes
	□ Blinds
	□ Shades
	☐ Couldn't determine
Presence of heating source in child's room:	□ Yes
Tresence of neutring source in emita s room.	□ No
	☐ Couldn't determine
Is child's bed close to this heating source:	□ Yes
is clina a dea crose to this heating source.	□ No
	☐ Couldn't determine
Are the following present in this room:	□ Food debris
The the following present in this foom.	☐ Mess on the floor
	☐ Clutter on the surfaces
	□ Plants
	☐ Overflowing trash can
	□ Cockroaches stains
	☐ Plumbing leaks
Presence of a closet:	□ Yes
Tresence of a croset.	□ No
	□ Couldn't determine
Does the closet have doors:	□ Yes
Does the closet have doors.	□ No
	□ Couldn't determine
Closet doors kept closed or open:	□ Closed
Closet doors kept closed of open.	
Bathroom	
Evidence of water damage, moisture, or leaks:	□ No □ Couldn't determine
Milday or mold	
Mildew or mold	□ Yes
	□ No
And the Callerine	Couldn't determine
Are the following present:	□ Overflowing trash can
	Cockroaches stains

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	Plumbing leaks
	□ Food debris
	Mess on the floor
	Clutter on the surfaces
	Plants
Basement	□ Yes
Evidence of water damage, moisture, or leaks:	□ No
3 , , ,	□ Couldn't determine
Mildew or mold present:	□ Yes
1	□ No
	□ Couldn't determine
Basement food storage:	□ Yes
C	□ No
	☐ Couldn't determine
Are the following present:	□ Overflowing trash can
ST	□ Cockroaches stains
	□ Plumbing leaks
	□ Food debris
	Mess on the floor
	☐ Clutter on the surfaces
	□ Plants
Smoking	□ None
Number of smokers in the home:	□ One
	□ Two
	□ Three
	□ > Three
Number of cigarettes smoked per day:	Enter #
Where in the home does smoking occur:	□ Outside
	□ Inside
	□ Both
Visitors smoking in the home:	□ Daily
<i>5</i>	□ Several times per week
	□ Several times per month
	☐ Infrequently
	□ None
	□ Couldn't determine